

# **Exhibit 6**

Vol. 71, No. 1

Regd. No. 9, M. 429

JANUARY, 1974

# The Antiseptic

A Monthly Journal of Medicine & Surgery

For the use of Registered Medical Practitioners only

Editorial & Publishing Office: 323-24, Thambu Chetty St., Madras-600001

Founded by the late Dr. U. RAMA RAU in 1904

Past Editor late Dr. U. KRISHNA RAU

Editor: U. VASUDEVA RAU, M.B., B.S.

Grams: "ANTISEPTIC"

P. O. Box 144

Phone: 22794

Subscription Rs. 15-00

Foreign Rs. 17-50 a year

Single Copy Rs. 2-50 in advance

NATIONAL SCIENCE LIBRARY

JUN - 3 1974

OTTAWA  
CANADA

Newly Introduced

## pyrigesic

Antipyretic and Analgesic Tablets & Syrup

### COMPOSITION :

#### TABLETS

Each tablet

contains:

Paracetamol B.P.  
0.5 g

#### SYRUP

Each 5 ml contains:

Paracetamol B.P. 125 mg  
Ethyl Alcohol I.P. 0.5 ml  
Colour, flavour & syrup q.s.  
Alcohol content 9.5% V/V

Strips of 10  
tablets and  
bottles of  
60 ml

151

EAST INDIA PHARMACEUTICAL WORKS LIMITED, 6, Little Russell Street, Calcutta 16

51PC/PYG-45

## MEDICAL MANAGEMENT OF DEMENTIA\*

P. A. BHASKER, M.D., D.M. (Neuro.),

*Asst. Prof. of Neurology, Institute of Neurology,  
Government General Hospital, Madras 3*

**D**EMENTIA is neither a disease *per se* nor a single symptom. It may be considered to be a clinical manifestation resulting from complex structural or functional changes in the most sophisticated mechanisms of the brain. The corrective treatment is usually therefore, one associated with a gloomy outlook, because a dementing process in most cases is a relentlessly progressive one, and very often not amenable even to diagnosis.

On the other hand, this gloomy picture is thoroughly wiped out and a favourable result readily obtained when one of the treatable underlying causes is detected; the prognosis becomes 'excellent' when the correctable cause is diagnosed early and found to be a metabolic or endocrine deficit (as in Pellagra, B<sub>12</sub> deficiency or Myxoedema). In such cases, the dementia can be cleared up and the patient can have a complete "cure".

On the other hand, the dementing process can be arrested or reversed to a minor extent in some instances, where only a guarded prognosis can be offered. These situations include the cases of tumours (when removable), infections (like GPI) when they can be "successfully" arrested, post-traumatic dementias, and low pressure hydrocephalus.

The irreversible cases belong to the category of dementias where there is a progressive fall-out of neurons and the course of the illness is rapidly downhill. Therefore, the importance of a thorough diagnosis even at the first instance must be realised, because the compartmentalisation into treatable and untreatable dementias has to be made with the utmost care. Moreover it must be emphasised that in certain situations (like Myxoedema) a *late* diagnosis of the underlying cause may lead to irreversibility of the mental status, especially so, in the young developing brains.

With regard to progressive dementia, there appears very little to offer. Only management and no treatment is possible. The problem of who is going to manage the dementing individual arises next. Contrary to the older beliefs that the demented person (who is likely to be insane) has to be necessarily managed by a psychiatrist or an internist, it now appears that the Neurologist is the best person to handle them, and a neuropsychiatrist is the ideal person. The neurologist remains today at the centre of a triangle formed by the psychiatrist, the general physician and the neurosurgeon<sup>1</sup>.

\*Summarised from the talk given at the Institute of Neurology.

Specially contributed to the 'ANNALS',

The control of convulsions and involuntary movements are separate subjects by themselves. But what must be stressed is the importance of controlling these associated disorders which may sometimes assume greater importance than the dementia itself. For example, in cases of Huntington's chorea where the dementia may be very slowly progressive, the involuntary movements may present the main problem, when adequate control of the choreic movements enables the individual to go back to his work. Rewarding experiences are on record of having treated patients with Huntington's Chorea by giving Haloperidol, a very useful drug in the control of hyperkinetic dyskinesias.

The behavioural problems met with in patients with dementia are profound and so depending upon the nature of the behavioural disturbance, judicious use may be made of drugs, along with psychiatric care. General surgical therapy does not find a significant role in dealing with patients suffering from progressive dementia except when there is an isolated behavioural aberration that can be selectively tackled by Stereotaxy. Even then, any beneficial response is short-lived and soon overtaken by the dementing process.

A demented person obviously requires careful supervision and devoted nursing care as he will not be able by himself to attend to his own nutrition and personal cleanliness; he is also likely to be unmindful of any intercurrent illnesses that may supervene.

The restoration of higher cortical functions is difficult and was once considered to impossible; but it has lately gained importance. Luria and his colleagues have dealt with this problem in great detail. They have suggested measures of improving the higher functions in cases of local brain damage like tumour, head injury, infarct etc, by deinhibitory procedures and re-education of the rest of the brain. Deinhibition refers to the facilitation of acetylcholine activity by giving small daily doses of Cholinesterase inhibitors (Neostigmine, Gallanthamine etc.). Empirical measures, like trying anabolic steroids, vasodilators, nucleic acid preparations, amines and aminoacids are in vogue, but have not been of any great value. The problem of sending a demented individual back to his profession has to be adequately studied by the attending physician before coming to a definite decision. If he happens to hold a position requiring the use of proper judgement, it is better that he is relieved of such a responsible post and assigned a less exacting, general type of work.

The social aspects include adequate counselling in marriage affairs when a demented person or a relative of a demented

person seeks advice. The stigma associated with dementia is equal to that with epilepsy. This fact must be kept in mind by the physician, when confronted with a case of dementia and especially the relatives.

The problem of managing a demented individual in a very real one needing adequate judgement, judicious use of drugs, sympathetic nursing and proper counselling.

#### REFERENCES :

1. Zulch, K.J. (1969)—The Place of Neurology in Medicine and its Future in Vol. I (Disturbances of Nervous Function) of Handbook of Clinical Neurology, Ed. : Vinken, P.J. and Bruyn, G.W. North Holland Publishing Company—Amsterdam.

### DEATHS INVOLVING PROPOXYPHENE

#### A STUDY OF 41 CASES OVER A TWO-YEAR PERIOD

Forty-one deaths occurred involving propoxyphene hydrochloride (Darvon) during a two year period. Ten patients died from propoxyphene intoxication alone, while 12 were victims of a propoxyphene alcohol combination, the latter number being identical to the deaths from a combination of barbiturates with alcohol seen during the same period. Five young women died from an ingestion of propoxyphene following an argument. Four patients could be categorized as drug abusers due to historical circumstances. The high levels of propoxyphene suggested habituation in three instances. Physicians should be alerted to the potential deleterious effects of indiscriminate use and abuse of propoxyphene, and should warn their patients not to drink alcoholic beverages when taking propoxyphene. They should use extreme caution when prescribing it to those in the younger age-group.

An impressive factor in this series is the availability of the drug to young people who, after a sudden argument, seem to find ingestion of pills a convenient gesture at attempted self-destruction. There were five cases of teenagers (all girls) in this series (aged 15 to 20 years) whose deaths were caused by propoxyphene intoxication, and in none of these were alcohol, other drugs or narcotics addiction involved. In two instances, the victims were found to be pregnant. Ten of the 22 patients who died from ingestion of propoxyphene alone, or propoxyphene in combination with alcohol, were over 40 years of age, while two of the deaths due to the combination were in patients over 60 years of age.

Concerning the manner of death, 17 of the 41 cases were classified as suicide, with six of these solely from the ingestion of propoxyphene.

Eighteen of the 41 patients received a prescription of propoxyphene from one or more private physicians. Seven of these patients eventually died from ingestion of propoxyphene or propoxyphene with alcohol. In 12 instances, the patient secured a prescription as an outpatient from a clinic. —(Sturmer Q. William and Garriott C. James, *J.A.M.A.*, 5-3-1973).